

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|-------------|-----------------|
| | <i>AS</i> | | <i>02/29/00</i> |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | <i>8</i> | <i>29-00</i> |
| FORMALITY REVIEW | | <i>7186</i> | <i>4-25-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|--------------|
| Final Original | |
| 1 | <i>11/01</i> |
| 2 | <i>8/02</i> |
| 3 | <i>11/02</i> |
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| Claim | Date |
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| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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